

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)

SERIAL NO.

10-031397

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2	1						52					
3	1						53					
4		3					54					
5		0					55					
6		0					56					
7		3					57					
8	1						58					
9	1						59					
10	1						60					
11		3					61					
12		0					62					
13		0					63					
14		0					64					
15		0					65					
16		0					66					
17		0					67					
18	1						68					
19		1					69					
20		2					70					
21		0					71					
22		0					72					
23		0					73					
24		0					74					
25		0					75					
26		0					76					
27		0					77					
28		0					78					
29		0					79					
30		0					80					
31		0					81					
32	1						82					
33		0					83					
34		0					84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	9						TOTAL IND.					
TOTAL DEP.	37						TOTAL DEP.					
TOTAL CLAIMS	46						TOTAL CLAIMS					